U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

MUST BE USED BY LABOR ORGANIZATIONS WITH $200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only

US DOL ESA Rec'd APR 2 - 2001 B OLMS DRDA

1. FILE NUMBER: 508-538

2. PERIOD COVERED

	MO	DAY	YEAR
From	01	01	2000
Through	12	31	2000

3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:
(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:
(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:

IMPORTANT

LES HALVELAND (2) 508-538
HOTEL EMPL, RESTAURANT EMPL AFL-CIO 340
LU 74
3630 GRANDEL SQUARE
ST LOUIS, MO 631083626 12/2000

4. AFFILIATION OR ORGANIZATION NAME

5. DESIGNATION *(Local, Lodge, etc.)*

6. DESIGNATION NUMBER

7. UNIT NAME *(if any)*

9. Are your organization's records kept at its mailing address? *(If "No," provide address in Item 75.)* Yes X No

8. MAILING ADDRESS *(Type or print in capital letters.)*

First Name: LESLIE G

Last Name: HALVELAND

P.O. Box • Building and Room Number *(if any)*: SUITE 103

Number and Street: 4433 WOODSON ROAD

City: ST LOUIS

State: MO ZIP Code + 4: 63134-3713

75. ADDITIONAL INFORMATION *(If more space is needed, attach additional pages properly identified.)*

Item Number

"SEE ATTACHED SCHEDULES"

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. *(See Section VI on penalties in the instructions.)*

76. SIGNED: Tim Luebbert — PRESIDENT *(If other title, see instructions.)*
3 / 26 / 2001 — Date
(314) 890 - 0250 — Telephone Number

77. SIGNED: Les Halveland — TREASURER *(If other title, see instructions.)*
3 / 26 / 2001 — Date
(314) 890 - 0250 — Telephone Number

During the Reporting Period Did Your Organization:

	Yes	No
10. Have a "subsidiary organization" as defined in Section X of the instructions?		X
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	X	
12. Have a political action committee (PAC) fund?		X
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?	X	
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X	
15. Discover any loss or shortage of funds or other property? *(Answer "Yes" even if there has been repayment or recovery.)*		X
16. Have any officer who was paid $10,000 or more by your organization and also received $10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?	X	
17. Liquidate or reduce any liabilities without disbursement of cash?		X

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2941

19. What is the date of your organization's next regular election of officers? MO 06 YEAR 2001

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? $ 500 000

21. What are your organization's rates of dues and fees? *(Enter a minimum and maximum if more than one rate applies for any line.)*

Rates of Dues and Fees		
(a) Regular Dues/Fees	$ 14.00/29.00	per MONTH *(Month, Year, etc.)*
(b) Initiation Fees	$ 75.00/122.00	
(c) Transfer Fees	$ N/A	
(d) Work Permits	$ 2.00/28.00	per MONTH *(Month, Year, etc.)*

	Yes	No
22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? *(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)*	X	
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?		X
24. Did your organization have any contingent liabilities at the end of the reporting period?		X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 508-538

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
ASSETS	25. Cash		260770	233413
	26. Accounts Receivable		6812	4607
	27. Loans Receivable	1		
	28. U.S. Treasury Securities			
	29. Investments	2		
	30. Fixed Assets	5	4303	24191
	31. Other Assets	3	7100	9685
	32. TOTAL ASSETS		278985	271896

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable			
	34. Loans Payable	8	338203	320203
	35. Mortgages Payable			
	36. Other Liabilities	4	5853	5428
	37. TOTAL LIABILITIES		344056	325631
	38. NET ASSETS *(Item 32 less Item 37)*		<65071>	<53735>

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 508-538

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS Item	From SCH #	AMOUNT	CASH DISBURSEMENTS Item	From SCH #	AMOUNT
39. Dues		927064	56. To Officers	9	188846
40. Per Capita Tax			57. To Employees	10	99471
41. Fees			58. Per Capita Tax		516293
42. Fines			59. Fees, Fines, Assessments, etc.		
43. Assessments			60. Office & Administrative Expense	13	127751
44. Work Permits		222451	61. Educational & Publicity Expense		
45. Sale of Supplies			62. Professional Fees		31723
46. Interest		8878	63. Benefits	11	62737
47. Dividends			64. Contributions, Gifts & Grants	12	7485
48. Rents			65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		26223
50. Loans Obtained	8		67. Withholding Taxes		77934
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	4919
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	18000
54. Other Receipts	14	47657	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members		
			73. Other Disbursements	15	72025
55. TOTAL RECEIPTS		1206050	74. TOTAL DISBURSEMENTS		1233407

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 508-538

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded $250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: Purpose: Security: Terms of Repayment:					
2. Name: Purpose: Security: Terms of Repayment:			"N/A"		
3. Name: Purpose: Security: Terms of Repayment:					
4. Totals from additional pages *(if any)*					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in	Item 27 Column (A)	Item 69	Item 51	Item 75 with Explanation	Item 27 Column (B)

FILE NUMBER: 508 - 538

SCHEDULE 2 — INVESTMENTS
(OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over $1,000 and exceeds 20% of Line 2.	
(a)	
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	" N/A "
5. Total Book Value	
6. List each other investment which has a book value over $1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a)	
(b)	
(c)	
(d)	
(e) Total from additional pages *(if any)*	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in ..... Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. PREPAID TELEPHONE LEASE	235
2. CEMETERY LOTS	4400
3. SECURITY DEPOSITS	5050
4.	
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	9685
Enter the Total from Line 7 in ..... Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. UNREMITTED MO W/H	979
2. UNREMITTED ST. LOUIS C/E TAX	558
3. UNREMITTED WAGE GARNISHMENT	941
4. LONG TERM DEBT PAYABLE - DEATH BEN.	2700
5. DUE TO BENEFICIARY - INTL DEATH BEN	250
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	5428
Enter the Total from Line 7 in ..... Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 508-538

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (*give location*):				
2. Totals from additional pages *(if any)*				
3. Buildings *(give location)*:				
4. Totals from additional pages *(if any)*				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	28,013	3822	24,191	24,191
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	28,013	3822	24 191	24,191

Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.	N/A			
4.				
5. Totals from additional pages *(if any)*				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		

Enter the Total from Line 8 in ..... Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 508-538

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. FURNITURE AND EQUIPMENT	4919	4919	4919
2.			
3.			
4.			
5. Totals from additional pages *(if any)*			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		4919

Enter the Total from Line 8 in ..... Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. LOAN PAYABLE - HOTEL					
2. EMPLOYEES AND RESTAURANT EMPLOYEES INTL UNION	338,203	-0-	18,000		320,203
3.					
4.					
5. Totals from additional pages *(if any)*					
6. Totals of Lines 1 through 5	338203		18000		320203

Enter the Totals from Line 6 in ..... Item 34 Column (C) ..... Item 50 ..... Item 70 ..... Item 75 with Explanation ..... Item 34 Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 508-538

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: LUEBBERT First Name: TIMOTHY Title: PRESIDENT	Status: C	38177		14308	4194	56679
2. Last Name: MCNATT First Name: KEVIN Title: VICE PRESIDENT	Status: C	32295		14734	1670	48699
3. Last Name: HALVELAND First Name: LESLIE Title: SECRETARY - TREAS	Status: C	33928		20025	13	53966
4. Last Name: MOORE JR First Name: HARRY B Title: RECORDING SEC	Status: C	35138		10826	407	46371
5. Last Name: MORTON First Name: DAVID Title: ORGANIZER	Status: C	27601		2792	1144	31537
6. Last Name: GUINN First Name: CHERYL Title: CHAPLAIN	Status: C	250				250
7. Last Name: KRISTO First Name: THANAS Title: EXECUTIVE BOARD	Status: C	595				595
8. Totals from additional pages *(if any)*		6945		300		7245
9. Totals of Lines 1 through 8		174,929		62,985	7428	245,342
				10. Less Deductions		56496
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements		188846

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: —

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* (B) Position *(Enter employee's job title.)* (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: GUINN First Name: CHERYL Position: SECRETARIAL Name of Affiliated Organization:	28553				28553
2. Last Name: HAGER First Name: DEBRA Position: BOOKKEEPING Name of Affiliated Organization:	32299				32299
3. Last Name: LUEBBERT First Name: GERALD Position: BUSINESS AGENT Name of Affiliated Organization:	28620		10007		38627
4. Last Name: MCCORD First Name: GEORGEA Position: BOOKKEEPING Name of Affiliated Organization:	27878				27878
5. Last Name: First Name: Position: Name of Affiliated Organization:					
6. Totals from additional pages *(if any)*					
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	11,085				11,085
8. Totals of Lines 1 through 7	128,435		10,007		138,442
			9. Less Deductions		38971
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		99471

SCHEDULE 11 — BENEFITS

FILE NUMBER: 508 - 538

Description (A)	To Whom Paid (B)	Amount (C)
1. Dental Fund	St. Louis H + R Dental Fund Tr	1857
2. Health And Welfare Fund	Health + Welfare Insurance Tr.	7174
3. Pension Fund	St. Louis H + R Pension Fund	4051
4. Pension Fund	Intl H.E.R.E. Pension Fund	30,611
5. Total from additional pages *(if any)*		19,044
6. Total of Lines 1 through 5		62737
Enter the Total from Line 6 ..... Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Charity	1960
2. Union	1025
3. Political	4500
4.	
5.	
6.	
7. Total from additional pages *(if any)*	
8. Total of Lines 1 through 7	7485
Enter the Total from Line 8 in ..... Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Service Charge - Auto Expense	83
2. Dues - Greater St. Louis Port Council	684
3. Telephone	25,401
4. Utilities	2694
5. Office Expense	7715
6. Rent	32,861
7. Total from additional pages *(if any)*	58,313
8. Total of Lines 1 through 7	127751
Enter the Total from Line 8 in ..... Item 60	

FILE NUMBER: 508 - 538

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. Reimbursements - Telephone	24
2. Reimbursements - Office Ex	50
3. Reimbursement - Meeting Ex	267
4. Reimbursement - Postage	8
5. Donation Returned	250
6. Refund - Insurance	1488
7. Collections To Be Refunded	555
8. International Burial Benefits	3850
9. International Subsidy Monies	16,800
10. International - Strike Benefits	3,000
11. House Variance	<384>
12. Donations - Olin Strikers	390
13. International Strike Benefits	4900
14. Health + Welfare Reim.	1060
15. Intl Officer Reimbursements	11,995
16. Total from additional pages *(if any)*	3404
17. Total of Lines 1 through 16	47 657
Enter the Total from Line 17 in ..... Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Dues Allowed - Officers	4,705
2. Dues Allowed - Members	21,642
3. Refunds	6,136
4. Miscellaneous Expense	5383
5. St. Louis Blues Tickets	2310
6. Convention Expenses To Be	
7. Collected	1060
8. Advance - Int'l Officer Exp	12,252
9. Advances - Accounts Rec.	4153
10. Security Deposits	3950
11. Prepaid Phone Lease	235
12. Unremitted Union Dues	2723
13. Unremitted Wage Garnishments	7476
14.	
15.	
16. Total from additional pages *(if any)*	
17. Total of Lines 1 through 16	72025
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME: HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES LOCAL UNION #74, AFL-CIO

FILE NUMBER: 508-538

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

PAGE 1 OF 2 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name SHAMILY First Name VANNIE Title EXECUTIVE BOARD	Status C	595				595
Last Name KARACIANIS First Name JAMES Title EXECUTIVE BOARD	Status C	595				595
Last Name DAVIS First Name MATTHEW Title EXECUTIVE BOARD	Status C	595				595
Last Name BROOKS First Name DOROTHY Title EXECUTIVE BOARD	Status C	595				595
Last Name ASH First Name MOLLIE Title EXECUTIVE BOARD	Status C	595				595
Last Name SKIPPER First Name TONI Title EXECUTIVE BOARD	Status C	595				595
Last Name McVEY First Name PATRICK Title EXECUTIVE BOARD	Status C	495				495
Last Name GAUTHIER First Name EUGENE Title EXECUTIVE BOARD	Status C	595				595
	Totals	4660				4660

ORGANIZATION NAME: HOTEL EMPLOYEE AND RESTAURANT WORKERS LOCAL UNION #74; AFL-CIO

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 508 - 538

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: RUMBLES First Name: LEE Title: EXECUTIVE BOARD	Status: P	450				450
Last Name: DUBIS First Name: THOMAS Title: EXECUTIVE BOARD	Status: C	595				595
Last Name: HAMILTON First Name: EDWARD Title: EXECUTIVE BOARD	Status: C	595	300			895
Last Name: SPELBRINK First Name: KEITH Title: EXECUTIVE BOARD	Status: N	50				50
Last Name: POTTS First Name: STUART Title: EXECUTIVE BOARD	Status: C	595				595
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
	Totals	2285	300			2585

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES — FORM LM-2
LOCAL UNION # 74, AFL-CIO — 508-538
4433 WOODSON ROAD ; SUITE 103 ; ST. LOUIS, MO 63134-3713 — 2000

57 - ADDITIONAL INFORMATION :

ITEM #

11 THE NEGOTIATED CONTRACTS OF THE HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES LOCAL UNION # 74, AFL-CIO HAVE THE EMPLOYERS OF MEMBERS CONTRIBUTING TO A DENTAL PLAN, HEALTH AND WELFARE PLAN AND PENSION PLAN. THESE THREE PLANS HAVE ADMINISTRATORS BUT ARE GOVERNED BY A BOARD OF TRUSTEES. EACH BOARD CONSISTS OF THREE (3) UNION OFFICIALS AND THREE (3) MANAGEMENT PEOPLE. THE PRESIDENT AND SECRETARY-TREASURER SERVE ON ALL THREE (3) BOARDS WITH THE THIRD UNION OFFICIAL VARYING. THE THREE PLANS ARE AS FOLLOWS

ST LOUIS HOTEL AND RESTAURANT EMPLOYEES DENTAL FUND TRUST 43-1000822
ST. LOUIS HOTEL AND RESTAURANT EMPLOYEES PENSION TRUST FUND 43-6101313
HEALTH AND WELFARE INSURANCE TRUST 43-0682781

13 HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL ORGANIZATION PROVIDED THE LOCAL WITH COMPUTER HARDWARE AND SOFTWARE VALUED AT $20,248.13. THERE WAS NO COST TO THE LOCAL.

VARIOUS ITEMS OF EQUIPMENT AND FURNITURE WERE JUNKED AT THE TIME OF LOCAL 74 RELOCATED ITS OFFICE FACILITIES. THESE ITEMS TOTALED $2422.30 THAT WERE WRITTEN OFF.

14 AUDIT PERFORMED BY OUTSIDE ACCOUNTANTS - ANDERSON, CPAs

16 TIMOTHY ROSS LUEBBERT - H.E.R.E. INTERNATIONAL - VICE PRESIDENT
KEVIN McNATT - H.E.R.E. INTERNATIONAL - ORGANIZER
LESLIE G. HALVORLAND - H.E.R.E INTERNATION - ORGANIZER
DAVID MORTON - H.E.R.E INTERNATIONAL - ORGANIZER

CRICKET CP 2103

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES
LOCAL UNION #74, AFL-CIO
4433 WOODSON ROAD ; SUITE 103 ; ST LOUIS MO 63134-3713

FORM LM-2
508-538
2000

#57 - ADDITIONAL INFORMATION:

Item #	
22	HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES UNION LOCAL #74, AFL-CIO IS IN THE PROCESS OF AMENDING THEIR BY-LAWS. AS OF DECEMBER 31, 2000, THE BY-LAWS HAD NOT BEEN READ AT ALL OF THE NECESSARY MEMBERSHIP MEETINGS. THEREFORE, THE OLD BYLAWS APPROVED AUGUST 1, 1974 ARE ATTACHED AS WELL AS THE NEW BYLAWS TO BE APPROVED ARE ATTACHED.

SCHEDULE 11 - BENEFITS

DESCRIPTION (A)	TO WHOM PAID (B)	AMOUNT (C)
LIFE INSURANCE	INSURANCE COMPANY	$ 244
INTERNATIONAL BURIAL BENEFITS	MEMBERS	2900
DEATH BENEFITS	MEMBERS	9000
STRIKE BENEFITS - OLIN WORKERS	MEMBERS	5500
INTERNATIONAL STRIKE BENEFITS	MEMBERS	1400
		$19044

CRICKET PUBLISHING CO